

June 14, 2010

ADDENDUM #2 TO  
MONTANA DEPARTMENT OF TRANSPORTATION  
INVITATION FOR BID  
#HWY-309670-KS

The purpose of this addendum is add and replace various sections of the above referenced bid.

**Add the following sections:**

**1.36 INSURANCE REQUIREMENT**

General Requirements: The Contractor shall maintain for the duration of the contract, at its cost and expense, insurance against claims for injuries to persons or damages to property, including contractual liability which may arise from or in connection with the performance of the work by the Contractor, agents, employees, assigns, or subcontractors. The insurance shall cover such claims as may be caused by any negligent act or omission.

Primary Insurance: The Contractor's insurance coverage shall be primary insurance as respect to the State, its officers, officials, employees, and volunteers and shall apply separately to each project or location. Any insurance or self-insurance maintained by the State, its officers, officials, employees or volunteers shall be in excess of the Contractor's insurance and shall not contribute with it.

Specific Requirements for Commercial General Liability: The Contractor shall purchase and maintain Occurrence coverage with combined single limits for bodily injury, personal injury, and property damage of \$1,000,000 per occurrence and \$2,000,000 aggregate per year to cover such claims as may be caused by any act, omission, or negligence of the Contractor or its officers, agents, representatives, assigns or subcontractors.

Additional Insured Status: The Montana Department of Transportation, its officers, officials, employees, and volunteers are to be covered as additional insureds; for liability arising out of activities performed by or on behalf of the Contractor, including the insured's general supervision of the Contractor; products and completed operations; premises owned, leased, occupied, or used.

Deductibles and Self-Insured Retentions: Any deductible or self-insured retention must be declared to and approved by the Department. At the request of the Department either: (1) The insured shall reduce or eliminate such deductibles or self-insured retention's as respect to Department, its officers, officials, employees, and volunteers; or (2) The Contractor shall procure a bond guaranteeing payment of losses and related investigations, claims administration, and defense expenses.

Certificate of Insurance/Endorsements: Insurance must be placed with an insurer with a Best's rating of no less than A-. The certificate must also include the Department's purchase order number or contract number. This insurance must be valid for the entire contract period. The Montana Department of Transportation, Purchasing Services Section, PO Box 201001, Helena, Montana 59620-1001 must receive all required certificates and endorsements within 10 days from the date of Request of Documents Notice before a contract or purchase order will be issued. Work may not commence until a contract or purchase order is in place. The Contractor must notify the Department immediately, of any material change in insurance coverage, such as changes in limits, coverage, change in status of policy, etc. The State reserves the right to require complete copies of insurance policies at all times.

### 1.37 COMPLIANCE WITH WORKERS' COMPENSATION ACT

The Contractor is required to supply the Montana Department of Transportation, Purchasing Services Section with proof of compliance with the Montana Workers' Compensation Act while performing work for the State of Montana. (Mont. Code Ann. §§ 39-71-401, 39-71-405, and 39-71-417.) Neither the Contractor nor its employees are employees of the State. The proof of insurance/exemption must be in the form of workers' compensation insurance, an independent contractor exemption, or documentation of corporate officer status and must be received by the Montana Department of Transportation, Purchasing Services Section, PO Box 201001, Helena, Montana 59620-1001, within 10 working days of the Request for Documents Notice and must be kept current for the entire term of the contract.

#### CONTRACTS WILL NOT BE ISSUED TO CONTRACTORS WHO FAIL TO PROVIDE THE REQUIRED DOCUMENTATION WITHIN THE ALLOTTED TIME FRAME.

Coverage may be provided through a private carrier or through the State Compensation Insurance Fund (406) 444-6500. An exemption can be requested through the Department of Labor and Industry, Employment Relations Division (406) 444-1446. Corporate officers must provide documentation of their exempt status.

### 3.33 Install modular furniture in four offices.

Cost for installation for (4) offices: \$\_\_\_\_\_

#### **Replace the following sections in their entirety:**

### 3.7 Screen-Core Mounted, Corner, Right Hand, 48x11 ¾. Part #X3C000480.

Cost per each: \$\_\_\_\_\_

### 3.8 Screen-Unit, Straight, Inside/Inside supports 30x48. Part #X1AI30489.

Cost per each: \$\_\_\_\_\_

Extension for (3): \$\_\_\_\_\_

All other terms, conditions, specifications and incidentals shall remain the same as originally stated in Invitation for Bid #HWY-309670-KS

#### **ADDENDUM ACKNOWLEDGEMENT:**

\_\_\_\_\_ (Vendor Signature)

\_\_\_\_\_ (Date)

hereby acknowledge that I have received a copy of Addendum #2.

A copy of this signed addendum **MUST** be included with your bid response. Failure to include a copy of this addendum with your response will result in disqualification of your response.

MDT attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Department. Alternative accessible formats of this information will be provided upon request. For further information call Kim Stewart at (406) 444-9282 Voice or 1-800-335-7592 TTY or TTY (406) 444-7696.